

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 2876
Suggested Classification:: 235/379
Title:: ATM CURRENCY DISPENSER WITH CONVEX
ROLLER ARRANGEMENT
Attorney Docket Number:: D-1222 R4
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 48
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: H.
Middle Name:: Thomas
Family Name:: Graef
Name Suffix::
City of Residence:: Bolivar
State or Province of Residence:: OH
Country of Residence:: US
Street of mailing address:: Post Office Box 287
City of mailing address:: Bolivar
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44612

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Damon
Middle Name:: J.
Family Name:: Blackford
Name Suffix::
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State or Prov. Of Residence:: OH
Country of Residence:: US
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City of mailing address:: Akron
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44333

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: S.
Family Name:: Johnson
Name Suffix::
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State or Prov. Of Residence:: OH
Country of Residence:: US
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City of mailing address:: Clinton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44216

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kenneth
Middle Name::
Family Name:: Kontor
Name Suffix::
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State or Province of Residence:: OH
Country of Residence:: US
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State or Province of mailing address:: OH
Country of mailing address:: US
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Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: A.
Family Name:: VanKirk
Name Suffix::
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State or Province of Residence:: OH
Country of Residence:: US
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State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44691

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number::	28995
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/453,609	03/10/2003

Assignee Information

Assignee Name:: Diebold Self-Service Systems
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH